
ANNUAL PHYSICAL EXAMINATION – PLAN A PARTICIPANTS ONLY

EFFECTIVE DATE

JANUARY 1, 2019 – DECEMBER 31, 2019

PURPOSE

For Plan A participants: Columbia County School District Employees who select Plan A are eligible for a physical examination benefit reimbursement of \$200 per calendar year. A physical examination benefit is payable up to \$200 per calendar year for services performed by a physician or an individual under a physician's supervision. The intention of this benefit is to encourage employees who waive medical coverage to seek and obtain services for preventive care and early detection of diseases. The Annual Physical Examination benefit is available to the Employee only. This benefit is renewable each January 1st.

There is a special claim form for the annual exam reimbursement benefit. Use of this form will expedite the payment of the benefit. In addition to the special claim form, an encounter form or Provider Claim form with *DATE OF SERVICE* must be included with Claim Submission Form.

POLICY

Physical Examination bills are reviewed and approved for payment by 1st Choice Wellness Coordinators, for payment by the Columbia County School Board. Payments to employees are made by 1st Choice Wellness Coordinators from a "Wellness Fund" set up on behalf of the School District. 1st Choice Wellness Coordinators will invoice the School District on a monthly basis based upon approved requests for reimbursement for that month. Funds deposited into the "Wellness

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Fund” will be paid to employees who meet the criteria for reimbursement.

PROCEDURE

When an employee gets an annual physical examination, the employee must submit a copy of the Physicians bill along with the Annual Exam Notification form to:

1st Choice Wellness Coordinators

4498 W. US Hwy 90

Lake City, FL 32055

Or

FAX: (386) 755-7264

Claims will be reviewed and processed by 1st Choice Wellness Coordinators. The review process will include verification of benefit eligibility and claim verification. Columbia County School District will be sent an itemized invoice at the end of every month that includes the following information for each Claimant for that period: Claimant Full Name, Last four digits of the Claimants SSN, Physical Examination Date of Service, Claim Received Date, and Invoice amount (\$200). Within 10 business days of receipt of the invoiced amount from the School District, individual checks will be cut to the respective claimants.

FORMS

The Annual Physical Examination notification form must be included along with the physician’s bill in order for the claim to be processed.